



Wichita Police Department Policy Manual

Approved by: _____

Policy 519 - Mentally Ill Persons/Crisis Intervention Team

Page 1 of 2

Maintained by: Field Services

Issue/Rev.: R 06-06-2011

GENERAL STATEMENT

The Wichita Police Department recognizes the challenge that chronic behavioral crises related to mental illnesses, substance abuse, intellectual disability, and other conditions pose to community safety, stability, and emergency services. The primary police function when responding to mental health crisis calls is to restore order by deescalating the incident and referring the citizen in crisis to appropriate treatment. Ideally, arresting a mentally ill person should be reserved for violent and/or serious crimes. The best option in all other situations is mental health treatment. Persons with mental illness are citizens in full-standing and of equal dignity to all other citizens and should receive an equivalent level of care.

DEFINITIONS

Crisis Intervention Team (CIT) Officer – An officer who has completed the approved CIT curriculum through the Sedgwick County CIT Council, and has specialized training in mental illness, personality disorders, substance abuse, suicide, developmental disabilities, treatment options, local mental health care services, and de-escalation techniques for mental crisis. These officers are assigned to a wide variety of positions and can be dispatched to appropriate calls through 911. CIT Officers are identified in CAD.

Mental Illness - A condition characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning which can be caused through a variety of means, including but not limited to: social, psychological, biochemical, genetic, illness or injury.

"Likely to Cause Harm to Self or Others" – The person is likely, in the reasonably foreseeable future, to cause substantial injury or physical abuse to self or others as evidenced by behavior that is threatening, attempting, or causing such injury, abuse, or damage, or the person is substantially unable, except for reason of indigence, to provide for the person's basic needs, such as food, shelter, health, etc., causing a deterioration of the person's ability to function on his/her own.

- 519.01 R Upon investigation, any law enforcement officer who has a reasonable belief that an individual is mentally ill and because of such person's mental illness is likely to cause harm to self or others may take an individual into custody without a warrant or other court-order authorizing a person to be picked up. The officer does not need to have personally witnessed the abnormal behavior of the person for this to occur. The harm does not have to stem from an overt act of physical violence; a case of "self-care failure" (i.e.: no food or water, unsanitary conditions, inability to distinguish what is real and what is a delusion) can constitute a serious threat to the person or others when they do not take prescribed medications or are unable to care for their own basic needs.
- 519.02 R CIT Officers with appropriate backup are the preferred response to all calls involving mental health crisis. If a supervisor or an on scene officer determines that the incident requires a specialized intervention, then they may request that a CIT Officer be dispatched to their location, to assist them. Once on-scene, the CIT officer should be given wide latitude in handling the call. The CIT officer will work with the controlling supervisor to decide how to handle the mental crisis component of the call. The CIT officer will work with the other responding officers to decide how to handle any criminal acts related to the crisis call.
- 519.03 The CIT officer does not automatically take reports or make arrests on CIT calls. The presence of a CIT officer does not excuse officers from documenting incidents within their response zones. If a CIT officer determines that a call has no mental health crisis component, they may turn the call over to the beat officer and return to service.
- 519.04 Depending on staffing, a CIT officer may not be available to take a mental health crisis call. This does not relieve non-CIT trained officers from making these calls.
- 519.05 If a mental evaluation is needed and the individual is not physically injured or combative, the officer shall call the Crisis Intervention Services of COMCARE at 660-7500. The officer should provide CIS staff with the name, DOB, and address of the individual and a brief description of the circumstances leading to the police involvement. CIS staff will advise the officer whether to transport the individual to CIS at 934 N. Water or direct them to other options. If COMCARE advises to leave the person in place at their home, document what CIS staff member made this decision and include their information in the incident report.
- 519.06 An officer may assist in transporting a mentally ill person to COMCARE. The officer should remain at the COMCARE facility until released by a member of the COMCARE staff. If time becomes an issue, the officer shall contact his or her supervisor for assistance. The supervisor and the COMCARE staff will try to arrive at a mutually acceptable solution.
- 519.07 Individuals in mental crisis who require medical attention, physical restraint due to aggressive behavior, and/or who

are unable to converse in a coherent manner due to alcohol or drug impairment are to be taken to Via Christi/St. Joseph ER and Assessment Center at 3600 E. Harry. Transport may be made by ambulance if necessary. The arresting officer will notify the hospital security via 911 that a mentally ill person is en-route with an estimated time of arrival (ETA).

- 519.08 When an officer delivers a mentally ill person to the emergency room [ER] at Via Christi/St. Joseph, the officer shall remain with the individual while the ER staff reviews the person's medical status. If the ER staff determines that the person needs to be transported to Via Christi's Assessment Center the detaining officer and Via Christi Security shall be responsible for moving the mentally ill person to the Assessment Center.
- 519.09 After arrival at the Assessment Center, the WPD officer will not be disarmed. Via Christi staff can direct the armed officer to an area where he or she may wait. The officer shall remain a reasonable amount of time while assessors determine whether or not the person with the behavioral health problem (PBHP) will be admitted to Via Christi. If time becomes an issue, the officer shall contact his or her supervisor for assistance. The supervisor and the assessors will try to arrive at a mutually acceptable solution.
- 519.10 If the supervisor and the assessors cannot agree on whether WPD personnel can be excused, the supervisor shall contact the Director of the Assessment Center at 689-4850. The supervisor and the Director will resolve any conflicts.
- 519.11 If the psychiatrist determines that the person is not in need of in-patient services and refuses to accept the person, the officer shall return the person to the place where they were taken into custody, or close proximity. If the person demands to be immediately released, the officer will do so. Point of release information shall be included in the IR.
- 519.12 R An Incident Report is required on any incident where a person is reported to be mentally ill, regardless of whether the officer does or does not take the person into protective custody and place that person into a treatment facility. If an officer develops information that a person is mentally ill, they must inform case desk, either by noting on the hand-written report, or by phone when entering the incident, that the person needs to have an appropriate caution code in the records management system. CIT Officers will also fill out the Sedgwick County CIT Council "Consumer Contact Form." The original will be included with the case. A copy will be sent through inter-office mail to the WPD CIT Coordinator. The WPD CIT Coordinator is the Sex Crimes Section Supervisor. This form can be located in the Shared Documents Database.